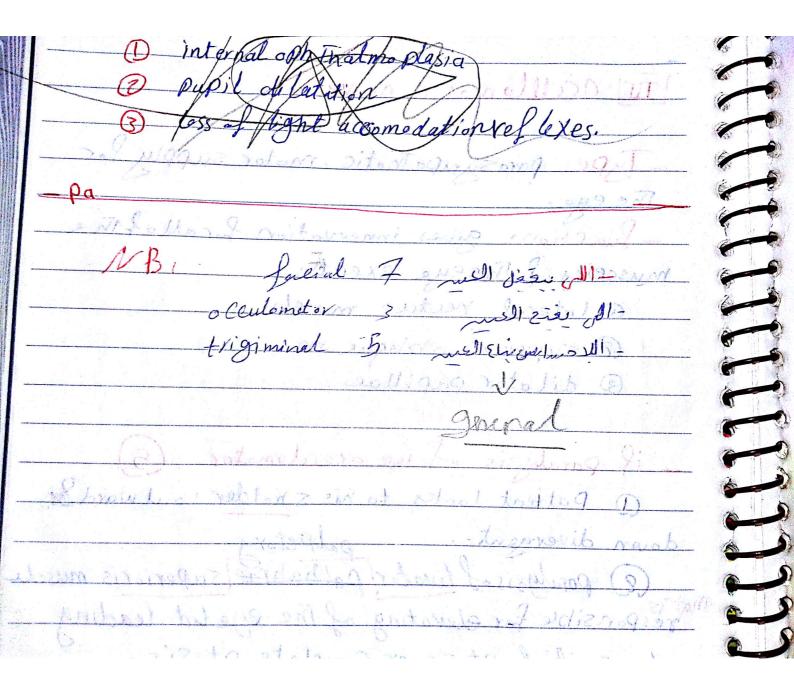
Cravial nerves: + papers. [III] Occillamator nerve - Type: parasympathatic, motor supply for - Suretion: gives innervation frall of the musceles of Theeye exept. O lateral rectus muscle @ superior oblique m 3 dilator papillae - if paralysis of The occulometer (5) 1 Patient looks to his 5 holder ; outward & down divergent. palpetory motion paralysis of levator palbebrae superioris muscle most is ponsible for elevating of the eyelid leading to partial ptosis or complete ptosi's 3 dilatation of The pupils (4) internal ophthalmoplagia (5) loss of light - Muscles supply allomadation reflexes. Devator palpitory m -> by occulemator n Dorbicularis occuli m -> sympathatic supply for opening and clasure of the eye amolar eye 1 > sympath atic supply (4) Cilliary muscle -> Parathympathatic supply.



التاريك: [V] Trigaminal nemes type mixed nerve - fanction branches; mandibular branch - maxillary branch ophthalmic branch 1 Sensation of the whole phase exept The tongue (2) motor supply to: - temporalism and Incear (muscles of mastications) - ptrygoid ms and The ang - masseter. of The mandle tensor palati - mylehypid - anterior belly of digastric m policy of plants and 3 day hours 2 redocat Lesions; is metor reflexes surfation II motor: weakness of muscles of mastication at The same ride of The lesion. - deviation of The jaw opposit side of The less 12 Reflex: - increased jaw reflex loss of palatal reflex Ussel Grneal, Conjunctival reflectes

التاريـــخ : الموضوع : \_\_\_\_\_\_ [3] Sensation, loss of the sensation in The Centre of the than and in The prepherals of The lace - loss of general Sensation of The anterior 1/35 of The torque SARAMO SUNTENDO Jacob Macrol )10 Co Co Co (1) youshould determine if the Perhead is exinvolved in the Im head or not this can be done by assissing if The patient Can raise the eye browsto determine if the lesion in the upper motor neuron or the lower motor neurons to auto dean La sobre for some the without the more had soll for above some soll Land frebiz trango way sattle nothernsbi Little Kill of the Commence of the second Follow Entorog ( 120-1

التاريك III Facial nerve type - mixed parathympathatic. nerve. Lunction Osen Dsensory: taste sensulion of The anterior 3 of 2) Motori of The whole Traceexcept The tongue. exepressions of The phase lale. (3) Autonomic: to 3 glands: Lacrimal, sublingual and sub mandibular glands. carse: passes from The sternomastoid foramin to The parotid gland then to The parts of the fale. Examination: Calh muscle alone. - less on a aralysis of the half of The propale at The aposite side of The lession. 9 - loss of tast sensation of The 43 of The tongue. 3- in ability to close The eye. 4- loss of The normal Corrugations of The fore head during boking upwards. 5-oblitration of The naso-labial folds

	التاريــــخ : ـــــــ	No.	عوضوع : : جوغ
TXT CI	osso pharnae	al perue.	
type: n	MIREAL para	Thympathat	tien revin
Junes	sensation of	The posteri	or sof The tongue
A	and theupp	er Pharyn	e and The tonsiles.
(1)1110	(0) - 5 tyle	pharyngus	m / Seesan m
	- supe	rior Constr	ictor m.
(3) Au	Fa nomina po	watid gland	Van Arten
lesions		0 0	ged reflect
	(2) lose	of pharm	ged reflect
0	& posterior	> The t	nd general sensation
min to Tre	exil Laterna	About 2 2 at	
., 00	n O Alexander	00 00 st	And Brooks Bitherous
		Labor Es.	
	and the second of the	Darring de	Washington Car
	73		
1 7 8 3 2	114000	= X450 301	Andrew William Park
		Wind State Comment	
10800	off to of the	My for four	A view
		AD 11 11 11 11 11	
San Syr	trops - 4	11 11 11 11	

KIMAR

[X] Vagus nerve type, mixed, para thympathatic Lemetion diameter and and Motor. - Soft palat phorynx - Larynx. [2] Sensory, - skin over The external auditry meature mucous membran of GIT mucous membrane of The Yespiratory traft parathympathatic to The heart parathy mpathatic to GIT& RT II Pharngyas paralysis: - Dysphagia loss of phungeal reflexes 2 larngBal paralysis: - hoarsness of voice aphonia 3 others - locked in syndrom palatal wealeness nasal regarigatation of food tachy cardia constipation.

10.500000000000000000000000000000000000	التاريــــخ : ـــــــــــــــــــــــــــــــ	*	ः ह्वन्वेक
- Examin	ation of The	Vagus nev	ver all all si
white the state of the same of the state of the state of the same	Chronic Michigan Company	to the state of	4 x 1 39 x 1
Bilat	eral reflex:		tongue
by to	uching The	Soft palat	e by lateral depressor
			4
[0] a)	O O	Authorita .	
12) pharn	geal reflexi		A 2000
gag r	effex duet	to Contracti	ion of the pharynx.
1 11 11 11 11 11 11 11 11 11 11 11 11 1	to the contraction	PART OF BUILDING	4-2-11-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
<u> </u>	And And		
trans o	ATT SAME	Open V M. with	
trans o	And And	Open V M. with	
trans o	ATT SAME	Open V M. with	
ANTTO	ATT STATE	Omy V All wrong	
1700 m	Alt Maria	Spare Village State Stat	
ARTIO.	Ant Marin		in Annanda III
ARTIO.	Ant Marin	And V All Markey	
ANTIO.	Ant Marin	And V All Markey	in Annanda III
AND WA	AT TO ANSWERS	And V All Markey	And

الموضوع : التاريح : التاريح التاريخ ال
[XII] Hypoglossal
- type: pure motor;
- Kunetion: motor supply of The tongue.
- Paralysis:
- Am I make a hour may proper [3]
A Unilateral tongue diviation to the opposite side
of The lesion & disfigurment atrophy.
B Bilateral: inability to Protrude The tongue
- swallowing proplems-
- loss of control over The tongue.  - mis articulation.
1 Shows and in lasting Francisco Flantill (I)
Cothersi-atrophy & weakness of the tongue muscles
-wrinkling of the mucosa of the upper area of paralysid site of The tong
Color (day) (day) a mich pit source such (day)
- watering and the second seco
- I day of the second of the s
1900
ALAOSA

Tonque Innervation! - 2014 III Sensory: by tr A trigerninal, general sensations B facial n: tast sensations of anterior 3 [C] glossopharnycal n: general and tast sensations of posterors Motori. by hypoglassel nerve. diagnosis: 1 throw Thourough medical history should betalkegy was significant (2) L miselle de la comes Physical examination + Cosions 11 no co D Lacial toraise (3) lab - investigations audio gram electroneurono graphy MRI